

# LAVISTA PARK NEIGHBORHOOD WATCH PARTICIPATION FORM

Block Street Name: \_\_\_\_\_

By signing this form, I agree to participate in the local Neighborhood Watch Program. I agree to make a conscious effort to better protect my neighborhood by becoming aware, alert and involved in this program designed to reduce criminal activity.

| #  | Resident Name       | House Number/Address | Email     | Phone Number |
|----|---------------------|----------------------|-----------|--------------|
| 1  |                     |                      |           |              |
| 2  |                     |                      |           |              |
| 3  |                     |                      |           |              |
| 4  |                     |                      |           |              |
| 5  |                     |                      |           |              |
| 6  |                     |                      |           |              |
| 7  |                     |                      |           |              |
| 8  |                     |                      |           |              |
| 9  |                     |                      |           |              |
| 10 |                     |                      |           |              |
|    | Block Captain Name: | Address:             | Telephone | Date         |